

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599202

FILING DATE

092206

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		(1)				
6		(1)				
7	1					
8		(1)				
9	1					
10		1				
11		2				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16	1					
17	1					
18	1					
19	1					
20	1					
21		5				
22		5				
23	1		1			
24		1		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29	1			1		
30		(1)				
31		(1)		1		
32		(1)		1		
33		(1)		1		
34		(1)		1		
35		(1)		1		
36		(1)		1		
37		(1)		1		
38		(1)		1		
39		(1)		1		
40		(1)		1		
41		(1)		1		
42		(1)		1		
43				1		
44				1		
45				1		
46				1		
47				1		
48						
49						
50						
TOTAL IND.	11	↓	2	↓		↓
TOTAL DEP.	40	←	22	←		←
TOTAL CLAIMS	51		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						